Preschool Expansion
Eligibility and Weighted Priority Enrollment Form

Each program will use this Eligibility and Weighted Priority Enrollment form to determine the eligibility and prioritized enrollment of a child for the Preschool Expansion program. This form should be completed by program staff with information obtained from the parent interview, documentation verifying the age of the child and the income of the family, and information gleaned from the child screening instrument, as well as the referring entity, if applicable. Income verification must be completed no sooner than six months before a child's first day of attendance in the Preschool Expansion program.

Programs will utilize the individualized weighted criteria system for (a) Enrolling children identified as having the highest needs, (b) Ensuring children with the highest needs are prioritized on a waiting list (if applicable). After a child is enrolled in the program, he or she must be allowed the opportunity to continue services for the duration of the program until he or she is Kindergarten eligible (unless otherwise indicated in the child's IEP). The family may voluntarily leave the program at any time. **Screening for eligibility and this form are only completed one time for each child.**

Child's full name: _____ **Date of birth:** _____ __ **Age on Sept 1:** _____

Primary caregiver's name: _____ **Relationship to child:** _____

Other caregiver's name: _____ **Relationship to child:** _____

Family's annual household income $_____ **Number of persons in Family/Household _____**
   (Note: Family income does not have to be determined if poverty status has been established by proof of receipt of public benefits; however, programs may still wish to collect this information to better understand the families they are serving)

Method of Verification: *(Mark all that apply.)*

Public benefits:
☐ WIC (185% FPL) ☐ Medicaid Card (138%, ***must*** be in parent(s)' name) ☐ SNAP (100% FPL)
☐ TANF (50% FPL) ☐ CCAP (185%)

Proof of Income (required only if no proof of public benefits above)**:**
☐Paystubs   ☐ SSI   ☐Other form of income verification: _____ ____
(IDHC Income Calculation Worksheet attached)

Family/Household at or below 200% of the Federal Poverty Level? ☐ YES   ☐ NO (If no, child is not eligible)

2015 Federal Poverty Guidelines
Source: Federal Register /Vol. 80, No. 14 /Thursday, January 22, 2015 /Notices

Persons in Family/Household	50% of Federal Poverty Level	100% of Federal Poverty Level	200% of Federal Poverty Level
1	$5,885	$11,770	$23,540
2	$7,965	$15,930	$31,860
3	$10,045	$20,090	$40,180
4	$12,125	$24,250	$48,500
5	$14,205	$28,410	$56,820
6	$16,285	$32,570	$65,140

*For families/households with more than 6 persons, add $4,160 for each additional person at 100% FPL level
($2,080 at 50% FPL and $8,320 at 200% FPL)

The following are highest priority selection factors (50 points each):
(If a child presents with any one of these selection factors (numbers 1-4) the family should be considered the highest priority and be directly enrolled in the Preschool Expansion program or placed at the top of the waiting list.)

1. ____ (50) Homeless (McKinney-Vento Homeless Education Assistance Act)
2. ____ (50) Current or recent child welfare involvement (Ward of the State, foster care, intact family services, TPSN)
3. ____ (50) Child has IEP (for more than itinerant speech services)or is referred for special education evaluation
4. ____ (50) Family income at or below 50% FPL and/or receiving TANF

The following are other priority selection factors (25 points each):
6. ____ (25) Family income at or below 100% FPL and/or receiving SNAP
7. ____ (25) Primary caregiver did not complete high school/ No GED
8. ____ (25) Teen parent at birth of first child
9. ____ (25) Child is immigrant and/or family member has refugee status
10. ____ (25) English not spoken in home
11. ____ (25) Active Duty Military family
12. ____ (25) Screening indicates delays in development but no referral to special education at this time

Other very significant factors (up to 25 points each):
On a case-by-case basis, programs may identify children with risk factors of significant concern not included on this form, and may assign each of those factors up to 25 points to count toward the family's overall total points.
13. ____ ( ) Explain _____
14. ____ ( ) Explain _____
15. ____ ( ) Explain _____

Total points: _____

Enrollment recommendation:
☐ Directly enroll   ☐ Place on waiting list-high priority (no slots available)
☐ Place on waiting list-lower priority   ☐ Not eligible

I verified the applicant's income eligibility. I have indicated which artifact I used for proof of income above.

_____   _____
Staff Signature   **Date**

Notes:

Outcome of application process:
☐ Child enrolled in Preschool Expansion program   Date started attending: _____
☐ Child enrolled in other preschool program (☐ PFA ☐ Head Start ☐ Other: _____)
☐ Child did not enroll in any preschool program
☐ Unknown